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ABSTRACT

This document presents one module in a set of training resources for trainers to use with parents and/or professionals serving children with disabilities; focus is on socialization and sexuality of the developmentally disabled. The modules stress content and activities that build skills and offer resources to promote parent-professional collaboration. Each training module has eight sections: a publicity flyer, topic narrative, overview, trainer agenda, activities, summary, bibliography, and evaluation. Introductory information explains how to use the modules including conducting a needs assessment, planning the training, selecting the training module, implementation, evaluation, and followup. Objectives of this module are: (1) become aware of issues regarding social and sexual development, (2) examine issues related to quality of life, (3) explore common myths concerning sexuality and individuals with developmental disabilities, (4) identify problems associated with withholding sex education for individuals with developmental disabilities, (5) become familiar with legal mandates for sex education, (6) share the goals of providing sex education for individuals with developmental disabilities, and (7) become familiar with some resource materials. A bibliography identifies four books, magazines, or other resources. (DB) (DB)

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# SOCIALIZATION and SEXUALITY for the DEVELOPMENTALLY DISABLED

EC 222041

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California State Department of Education
Special Education Division
Program, Curriculum and Training Unit

Presents A Module on:

# Socialization and Sexuality for the Developmentally Disabled

Prepared by:

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Assisted by:

Lynn Carlisle

Susan Sternberg White

1988

This module, as well as thirteen others, were produced under the direction of Karl E. Murray and Susan Westaby of the Program, Curriculum and Training Unit, Special Education Division, CA State Department of Education. The modules are being field-tested throughout 1988. During this field-test stage, they are available by sending $ 5.00 for each module (includes tax and mailing) to: Parent Training Modules, CA State Department of Education, P.O. Box 944272 - Room 621B, Sacramento, CA, 94244-2720. Make checks payable to Parent Training Modules.

# INTRODUCTION

The Parent/Professional Training Modules have been developed to serve as a core set of training resources for trainers to use primarily with groups of parents. Some of the trainings were designed specifically for combined groups of parents and professionals, and all the trainings can be adapted for use with parents or professionals as separate or combined audiences. The training modules in the series focus on content and activities that build skills and offer resources to promote parent-professional collaboration to ensure quality education for all students with disabilities. There are fourteen training modules in this series:

**Parent Professional Collaboration**
**Parental Involvement**
**Stress and Support in the Family**
**Coping with Loss and Change**
**Parent Support Groups**
**An Effective Community Advisory Committee**
**Community Advisory Committee Leadership Training**
**Communication Skills**
**The Individualized Education Program: Rights and Responsibilities**
**Placement in the Least Restrictive Environment**
**Training for Professionals Working with Families**
**Parent Professional Collaboration in Planning for Employment**
**Transition Planning**
**Interagency Collaboration: The Parents' Role**

Each training module has eight sections:

**Flyer**
**Topic Narrative**
**Overview**
**Trainer Agenda**
**Activities**
**Summary**
**Bibliography**
**Evaluation**

Within each of these sections there are these materials:

**Flyer** - The Flyer highlights what participants can expect to learn by attending the training. It can be personalized for each training by adding date, time, and location in the appropriate spaces.

**Topic Narrative** -- The Topic Narrative contains content information specifically for the trainer. Trainers use the information to enhance their knowledge and understanding of the subject matter of the training module.

**Overview** -- The Overview contains the goals and objectives for the module; and the content and presentation strategy for each activity contained within the module.

**Trainer Agenda** -- The Trainer Agenda contains details of trainer and participant activities, materials and media. It is a suggested agenda that trainers can personalize to fit their style and the specific needs of the participants. A few modules that deal with sensitive or difficult content have Trainer Tips included in the Agenda section.

**Summary** -- The Summary contains highlights of all the content information presented in activities within the training. The Summary was designed to provide information to prospective participants and to workshop planners.

**Bibliography** -- The Bibliography contains the names of books, magazines and other resources that were used as references in developing the training modules and may serve as a list of suggested reading materials for trainers as well as participants.

**Evaluation** -- The Evaluation contains questions that directly assess the objectives of the module as well as some general questions to evaluate the usefulness of materials and trainer effectiveness.

The Parent/Professional Training Modules have been designed to be a flexible and expandable resource for trainers of parents and professionals. It can be housed in binders or in file folders and rearranged as needed. Trainers are urged to add articles, resources and other materials that will make each training reflect their individual style and meet the needs of the participants.

# HOW TO USE THESE TRAINING MODULES

**Conduct a Needs Assessment:**

Gather as much information as you can about the groups that you will be working with. The following types of questions may help:

Does the group meet regularly or is it assembled specifically for the purpose of this training?

What does the group want to accomplish? Does it have a stated goal? Are there a set of outcomes that the group wants to achieve?

Who is involved in the group (agencies and organizations)?

If the group is an ongoing group, how is the group organized? (officers, executive committee, standing committees, task groups, etc.)

What has the group already done? What training has the group already received?

What is the group working on now?

How does the group get things done?

Has the group conducted a needs assessment to determine the group's need for training and the training topics of interest?

**Plan the Training**

Typically, this is a dialogue between the trainer and the client. Often, the client will have a specific topic or activity in mind. Sometimes additional topics will be suggested during the needs assessment process when the trainer probes to get more information. The trainer can share a list of module topics and/or several module summaries to aid the client in selection of a topic(s) from the series.

**Select the Training Module**

The Parent/Professional Training Modules offer a wide selection of topics and activities. The trainer can select the module that deals with the topic chosen by the client.

**Review the Training Module**

The module provides the core activities and a suggested trainer agenda. The trainer can adjust both to reflect their individual style and the needs of the client.

**Identify Additional Resource Materials**

The trainer can add articles, resources, and other materials to the core training module. Often a trainer will introduce local resources or pertinent sample materials.

**Deliver the Training**

The Parent/Professional Training Modules are best delivered by a training team of a parent and a professional. Collaboration is modeled by the team as each member of the team displays unique perspectives, abilities and knowledge as they enhance each others presentation styles.

**Evaluate the Training**

Evaluation is an essential element of any training. Each module includes an evaluation that assesses the specific objectives of the module and the usefulness of materials. These evaluations can assist the trainer in refining the module content and modifying presentation style, if needed.

**"Follow-Up" the Training**

It is a good practice to follow-up any training with a personal visit, letter, or a phone call. The trainer may wish to keep a list of names, addresses, and phone numbers of participants to facilitate follow-up. The follow-up usually consists of discussion about how the training may have impacted the client's personal or professional life. Clients may express the desire for further training and/or materials and resources.

# Socialization and Sexuality for the Developmentally Disabled

## (For All Interested and Involved Parents and Professionals)

You, as a participant, will learn about:

- the many aspects of sexuality
- common myths about sexuality and individuals with developmental disabilities
- the key factors of a quality life
- the importance of providing appropriate social/sexual education for students with developmental disabilities

Day and Date:

Time:

Location:

For More Information, Call:

**Please Come**

# Socialization and Sexuality for the Developmentally Disabled

## Topic Narrative

**Sexuality and Sex Education in Relation to People Who Are Developmentally Disabled - A Review of the Literature and Resource Package**

by

Kandis Lighthall, 1986

( Revisions were made by Lynn Carlisle to a paper originally developed by Kandis Lighthall. The information and resources represent a body of knowledge that experienced trainers have found very useful and highly recommend.)

### Introduction

Human sexuality is a topic that is not easily discussed by society in general. It is a part of each human being from birth, yet is placed apart from other knowledge. It is a personal topic and highly controversial when viewed from an educational programming standpoint.

Despite the controversy surrounding human sexuality and sex education in the schools, the issue cannot be ignored. As it cannot be overlooked in regular schools it must become an integral part of the curriculum for persons with developmental disabilities or mental handicaps. The literature interchanges the use of these two labels attaching similar meaning to both. This paper will also use these terms interchangeably.

This paper will review the literature relating to sexuality and persons with developmental disabilities. It will address the historical perspective, present attitudes, exploitation and abuse, the current status of programs and implications for the future.

### Historical Perspective

All levels of society have been affected by taboos, anxiety and feelings of guilt in relation to sexual activities. It is therefore, easy to understand why it is extremely difficult for society to accept sexual activity or behaviors from a group of people identified as mentally handicapped or developmentally disabled. The mentally handicapped have been described as a sexually oppressed group (Kempton, 1976). The double standard of acceptable behavior for normals becoming unacceptable behavior (Hall, 1975).

In the past, society feared the sexual activity of people with mental handicaps. The theory that like begets like enhanced these fears resulting in laws forcing segregation from society and each other. The intent of the law was to prevent procreation. Morgenstern (1973) lists three categories of attitudes society has used to define people who are "retarded" 1) The sub-human 2) the child innocent and 3) the developing person. Each of these categories has established a pattern of interaction for society and people with developmental disabilities and an expectation for their level of sexuality.

Those holding the attitude that persons with mental handicaps are sub-human supported the position of minimal rights and total segregation. They felt their existence should be ignored, thus ultimately protecting society. Their sexual activity was considered on an animal level. The laws based on these attitudes supported segregation in institutions, compulsory sterilization and the prohibition of marriage.

The innocent-child attitude was paternalistic. It reflected the view that people with mental handicaps were chosen by God. They were pitied or cherished and considered eternally children. They were given charity and in return were to conform. Any sexual behavior was diverted and negated allowing only innocence to prevail.

A more enlightened attitude is that of the developing person. The civil rights issues of the 1970's and the legal victories in education, treatment and other areas have helped to develop this attitude. The optimistic view that each person has potential for growth and full rights in all areas of living, including sex, has evolved with the normalization philosophy. The reaction of this group in relation to sexuality and self-direction is still somewhat clouded by the fear of procreation. Social goals are established for persons with mental handicaps that are not established for "normal" individuals before they become sexually active or marry.

The attitude of the sub-human and the child-innocent can still be found in society today. They are not, however, as prevalent as that of the developing person. Although society's attitudes have changed and a tendency to disregard stereotypes has evolved there is still a feeling of discomfort and reluctance to accept persons with developmental disabilities as responsible sexually active adults.

**Present Attitudes**

Ann Craft (1983) stated "there has been a major shift of emphasis concerning the sexuality of mentally handicapped people." The shift has been from the..."negative consequences of sexual activity of those deemed mentally defective"...to..."the positive of aiding mentally handicapped people to live sexually satisfying lives" (p. 1). The past orientation was towards the "good of society," the future focusing on the normalization of life styles. To satisfy both these needs in society..."positive teaching, training and support services"... (Craft, 1983, p. 2) can prepare individuals to interact in the community in a positive and responsible manner.

An examination of the attitudes of the parents, professionals and the people with developmental disabilities reveals an awareness of a need for more information yet an apprehension of where that information might lead.

Parents generally have good intentions regarding sex education and their children. In actuality, however, those good intentions may not materialize. This is perhaps more true with children who are mentally handicapped. Common myths that sex education will prompt inappropriate sexual behavior (Kempton 1973) and acting out behaviors (Gordon 1972) may give parents second thoughts on what information they should give. There are also those parents who believe in lifelong childhood and all that implies. It has been stated (Cornelius et al. 1979, Edwards 1976) that sexuality training is a lifelong process. It begins in the home, but can be provided in the schools and by other organizations or agencies. The initiation of sex education programs in the schools has been slow. The teachers generally see the need as they deal daily with their students, but the controversy around sex education impedes the formalization of programs. Blom (1973) indicated that ..."teachers feel even more uncomfortable teaching such children about sex than they do teaching normal children." The hesitancy and discomfort in planning a sex education program stems from the controversy, underlying fears and anxiety that society has built around human sexuality in general.

Teachers who maintain a negative or noncommittal attitude towards their students' sexuality and sex education program will never provide a comprehensive approach to education. Teachers must be open and accepting to varied attitudes and views on sexual behavior, as well as, comfortable about their own sexuality (Kempton 1973). Sex education programs will only be successful with teachers who have positive open attitudes.

Young people who happen to be mentally handicapped share the same curiosity about their bodies and their relationships to others as does any child or young adult. The level of interest may vary according to the degree of involvement, however the basic sexual desire is instinctive as is the need for love and comforting. It has been reported that persons with mental handicaps living either at home or in institutions are not well prepared to be responsible in a social sexual situation (Edmonson, McCombs, Wish 1979). It did indicate that although not prepared, those in the moderate to severe range could acquire facts. A common feeling expressed by young people with developmental disabilities on several surveys by Gordon (1972) indicated that they felt their parents didn't tell them about sex because "they (the parents) think it's filthy." Watson and Rogers (1980) commented on the traditional and conservative attitudes in the students they surveyed. They suggested this level of awareness, typical to that of the 1950's, is not surprising since the significant people in the lives of people with mental handicaps generally enforce a conservative view.

It seems apparent that the attitudes of society as whole, although more tolerant and open to the rights and needs of persons with developmental disabilities, still have reservations regarding their ability to be responsible sexual adults. The common element between the so-called normal population, including parents and professionals, and those with developmental disabilities is that we all have hang-ups, guilt and fantasies and/or desires for sexual expression (Gordon 1972). The difference lies in the vulnerability and dependency, which are often encouraged of those with fewer skills. Limitations in generalization skills coupled with a lack of basic information put people with developmental disabilities at a disadvantage. They often do not understand their own body functions or the sexual stimuli presented in the media. This results in increased confusion, bewilderment and frustration.

## Exploitation and Abuse

Sex education must not focus only on the physical and reproductive aspects when presented to people with developmental disabilities. These are important parts, however not the total picture. It is very important for each individual to know how his/her body functions and to know that those body parts and functions are private and do not have to be shared without consent. The issue of exploitation and abuse of people with developmental disabilities cannot be overlooked. It is estimated that the exploitation of this population ranges from..."four times that of the normal population...to 99% of developmentally disabled adults will have been exploited prior to their 18th birthday...at least once, usually more than once" (Baladerian 1985). This indicates a critical need to provide sex education for people with developmental disabilities.

These statistics make every person with developmental disabilities a target for exploitation. The exploitation 99% of the time is by someone the person knows. Based on this information the educational program should begin in preschool and continue a lifetime. Support after an incident is important and can help prevent a future assault, however the knowledge prior to the incident may have been enough to prevent it.

## Current Status of Programs

The evolutionary process of change at times seems painfully slow. A major thrust for change in attitude and policy in California began in 1975 with the formation of the California Committee on the Sexuality of the Developmentally Disabled. Their purpose was to "confront, clarify and emphasize the sexual needs and rights of persons with developmental disabilities" (1975). Following their purpose they planned to give guidance to the legislature, funding sources, and agencies. They also wanted to increase the understanding of the general public regarding persons with special needs and their sexuality. In addition they proposed to give direct assistance to persons with special needs to develop their sexuality.

In 1986, ten years later, the Committee has followed through on all its plans. Winifred Kempton stated at the 1986 Symposium that we are moving faster than regular education in program planning and implementation. They have written position papers regarding sterilization and worked with Associations of Retarded Citizens, regional centers and area boards to implement programs and disseminate information. The conferences over the years have provided information for professionals and consumers.

Individual members of the Committee have produced materials to assist in training. These help expand the growing selection of audio-visual materials, curricula, teacher guidelines and manipulative materials on the market today. These materials are making it easier for agencies to have a framework to use to plan programs. Along with teacher materials there are many small books and pamphlets designed to help the parents of persons with developmental disabilities understand and support their son's or daughter's sexuality and need for information.

Some regional centers are supporting ongoing programs in activity and workshop settings. For example, the Regional Center of Orange County has two 8 week sessions on relationship training for consumers and parents. These programs are especially important to the young adult who may have had limited opportunities for socialization since leaving a school program.

The normalization philosophy which is generally accepted in educational programs today must not be just a token gesture when addressing the total life situation of persons with developmental disabilities. Many authors have spelled out what normalization means in terms of sexuality and persons with developmental disabilities (Craft 1983, Kempton 1977). The California Committee on the Sexuality of the Developmentally Disabled has drawn from the literature and developed a concise and comprehensive list of rights which provide a framework for a continuum of human social and sexual maturity. They are as follows:

- The opportunity to develop socially and sexually
- The opportunity for education about sexuality
- The opportunity to have access to a counselor trained in problems of sexuality specific to persons with special developmental needs
- The right to privacy
- The opportunity for interaction with the opposite sex
- The opportunity to have access to contraception information and service
- The right to choose or refuse contraception
- The right to choose or refuse sterilization
- The right to sexual intercourse with other consenting adults
- The right to choose marriage
- The opportunity to bear and rear children
- The opportunity to have access to supportive services for independent living and/or parenting
- The right to be informed about these rights and opportunities

These written rights which seem unquestionably accepted by society for persons who are not disabled may not be totally accepted by society for persons with disabilities. Significant changes appear to be on the horizon as parents, educators and support people in communities believe in a full life for all persons with developmental disabilities.

## Implications for the Future

The preceding sections have discussed society's attitudes over time, the pandemic spread of exploitation, the current status of programs and the broader scope of normalization. A number of global and specific implications have emerged.

The global implications listed by Michael and Ann Craft (1983) reflect concisely the findings in the literature as reported. They suggest eight key factors to consider.

1) All humans are sexual beings with the same needs, drives and ..."right to channel their sexuality in ways which are normal for the society in which they live" (p. 299).

2) Sex education cannot be considered in isolation but in combination with social education. For appropriate adult social interactions to develop an individual must have training and knowledge of himself.

3) Sex education is an "adaptive living skill" which covers a broad range of topics from relationships, caring, responsibility, self-protection, hygiene, and legalities to mention a few. All these areas move a person towards social maturity.

4) The responsibility of instruction requires careful consideration. Parents can provide good instruction. Educators must be supportive and provide information and offer opportunities for discussion to maintain a positive learning situation in the home and/or at school.

5) The counseling for the parents and/or care providers should be longitudinal and in conjunction with a sex education program. Dealing only with "crisis" situations does not address either the present or future needs of the individuals.

6) When intimate relationships develop, the demands and responsibilities of the relationship may require additional counseling services. This counseling may focus on contraception, problems with the relationship or sexual expression.

7) Residential facilities need to have a written policy regarding sexual expression and privacy. This policy should be prepared in an open discussion including staff and residents. It should be reviewed at scheduled intervals.

8) Teacher training courses must include a component on sex education as a required course. Training should be specialized and not simply an overview. It is imperative that professionals have knowledge and a positive attitude regarding the sexuality of the people with whom they work.

More specific implications for agencies, educators, persons with developmental disabilities and parents are enumerated in the following lists.

Agencies

1. Network to discover best services models and resources.
2. Coordinate the programs of local agencies to provide comprehensive and longitudinal programs.
3. Increase the number of programs available to post school individuals.
4. Require all independent living facilities to provide a structured ongoing sex education and relationship training program.
5. Include sex education programs and assault prevention training on all Individualized Program Plans.

Educators

1. Network with other teachers to compile best practices for assessing students' need, developing curricula, implementing programs and evaluating results.

2. Eliminate the deviancy cycle established by the maintenance of a set of expectations different from that of society on the whole.

3. Develop a code of ethics to insure the quality of sex education programs provided in the schools.

4. Support staff development in the field at the university level.

5. Those teachers with established programs should document their programs and growth of the students to provide statistical data to refine the knowledge and support future program development.

6. Work to improve assessment tools, films, videos, and curriculums.

7. Consider the next possible level of training going beyond the basic information to the more advanced level of pleasuring one's partner.

Persons with Developmental Disabilities

1. Exercise the option for early educational opportunities.

2. Engage in the development of self-advocacy support group.

3. Acquire more training in relationship building and maintenance.

4. Receive specific training in abuse reporting, assertiveness and self-advocacy.

5. Insist on the availability of privacy.

6. Exercise the option of supported life opportunities, including not only work but marriage and/or parenting.

7. Explore the possibility of counseling to support those in gay relationships.

Parents

1. Identify the availability of coordinated support from agencies.

2. Facilitate the development of a support group.

3. Develop the skills and acquire the information to become an advocate for their son or daughter.

## Conclusion

Sexuality and sex education will continue to be emotional and controversial issues. They will not, however, be issues that can be ignored in relation to any group of people. Those who choose to attempt to ignore them will constantly be dealing with "problem" situations.

The educational philosophy of today stresses normalization, community training and supported employment. The people from "People First", a self-help and advocacy organization for persons with handicaps, want everyone to know that they are useful and have something to offer. We, as educators, must listen and provide education for a full, useful and meaningful life. To provide training only in vocational and self-help skills offers those we educate half of life's options. The knowledge of one's self and relationships with others completes the picture. We must take risks and face potentially difficult situations to support persons with developmental disabilities in becoming responsible, assertive, productive and secure adults.

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# Overview

The goal of this module is to recognize the value of providing appropriate social and sexual education for students with developmental disabilities

**Objectives**

1. Become aware of issues regarding social and sexual development.
2. Examine issues related to quality of life.
3. Explore common myths concerning sexuality and individuals with developmental disabilities.
4. Identify problems associated with withholding sex education for individuals with developmental disabilities.
5. Become familiar with legal mandates for sex education.
6. Share the goals of providing sex education for individuals with developmental disabilities.
7. Become familiar with some resource materials.

| Objective Number | Suggested Minutes | Content | Presentation Strategy |
|---|---|---|---|
| | 10 | Introductions Objectives and Agenda Review | |
| 1 | 15 | Social and Sexual Issues | Lecturette |
| 2 | 20 | Quality of Life | Large Group Discussion |
| 3 | 15 | Myths | Lecturette and Large Group Discussion |
| 4 | 15 | Dangers of Not Providing Sex Education | Lecturette and Large Group Discussion |
| 5 | 10 | Legal Mandates for Sex Education | Lecturette |
| 6 | 15 | Goals of Sex Education | Lecturette and Large Group Discussion |
| 7 | 10 | Resource Materials | Information Sharing |
| | 10 | Conclusion and Evaluation | |
| | 120 | | |

# Trainer Tips

## Socialization and Sexuality:

- is not a training for parents and professionals on how to teach sex to individuals with disabilities
- it is a training to help parents and professionals explore their feelings and values pertaining to sex and socialization and to the individual with disabilities
- it can be used as the initial stage for a systematic, ongoing, lifelong program that needs to be addressed by parents, care providers and professionals. Further trainings in this area might address:
    - desensitizing
    - systems change
    - reviewing, evaluating and synthesizing socialization and sex education curriculum
    - issues for implementation

## The Trainer:

- must emphasize social skills throughout the entire training. The acknowledgement of the direct relationship between social skills and sexuality is critical.
- in order to go beyond the level of this module, must be interested and willing to devote time to expand his/her knowledge, training and skills.
- must have as his/her goal the concept of being a facilitator for implementation and systems change, not a provider of direct social/sexual training for parents and professionals.

# Suggested Trainer Agenda

**WORKSHOP TITLE:** Socialization and Sexuality for the Developmentally Disabled

DATE: _____ PAGE: 1

PRESENTERS: _____

**CLIENT:** _____

**GOAL:** To recognize the value of providing appropriate social and sexual education for students with developmental disabilities.

**OBJECTIVES:**

1. Become aware of issues regarding social and sexual development.
2. Examine issues related to quality of life.
3. Explore common myths concerning sexuality and individuals with developmental disabilities.
4. Identify problems associated with withholding sex education for individuals with developmental disabilities.
5. Become familiar with legal mandates for sex education.
6. Share the goals of providing sex education for individuals with developmental disabilities.
7. Become familiar with some resource materials.

| TIME | WHO | TRAINER ACTIVITIES/CONTENT | PARTICIPANT ACTIVITIES | HANDOUTS MEDIA |
|---|---|---|---|---|
| 10 minutes | | Welcome<br>Introductions<br>Objectives and Agenda Review<br>Display Objectives and Agenda on Chart Paper | | Chart Paper<br>Pens<br>Tape<br>Chart of Objectives and Agenda |
| 15 minutes | | <u>Social and Sexual Issues</u><br><br>Activity/Handout/Overhead 1<br>Lecturette<br>Display Overhead 1<br>Distribute Handout 1<br><br>Trainer begins by defining some of the terms to be used in the training.<br>When we talk about social sexual issues, we talk about:<br>1) Quality of Life<br>2) Normalization<br>3) Sexuality | Listen<br>Look | Overhead Projector<br>Overhead 1<br>Screen<br>Handout 1 |

# Suggested Trainer Agenda (Continued)



| TIME | WHO | TRAINER ACTIVITIES/CONTENT | PARTICIPANT | HANDOUTS |
|---|---|---|---|---|
| 20 minutes | | We'll be starting with quality of life, but I'd like to say something about normalization. We're talking about making our students' lives as *normal* as possible. Normalization does not mean "curing" them. It means removing the obstacles that prevent them from participating in society. In terms of sexuality, we're not talking about sexual intercourse.<br><br>Sexuality is a great deal more than the physical aspect of sexual expression.<br><br>Sexuality may be defined as the integration of physical, emotional, intellectual, and social aspects of an individual's personality which express masculinity or femininity.<br><br>Sexuality is an integral part of all the activities in which a person engages: work, socialization, decoration of one's home, selecting a wardrobe, expressions of affection, arguments, eating a meal, child rearing, etc.<br><br>Sexuality is an expression of one's personality and is evident in everyday interactions.<br><br>Sexuality starts with social skills. If your child/student can make choices about with whom they want to be and about who make them feel comfortable, they are less likely to be victimized. We're going to be touching on all of these points throughout the workshop, so now we'll move on to quality of life.<br><br><u>Quality of Life</u><br><br>Activity/Handout/Overhead 2<br>Large Group Discussion<br>Display Overhead 2<br>Distribute Handout 2 | Listen, Look, Participate | Chart paper<br> Handout 2<br> Overhead 2 |

# Suggested Trainer Agenda (Continued)



| TIME | WHO | TRAINER ACTIVITIES/CONTENT | PARTICIPANT | HANDOUTS |
|---|---|---|---|---|
| | | 1) What activities do you engage in that contribute to your quality of life?<br>2) What personal belongings do you have that contribute to your quality of life?<br>3) Would you agree that good health contributes to the quality of your life?<br>4) Would you also agree that your family or your friendships contibute to the quality of your life?<br><br>All these things contribute to each person's individual sense of happiness. The quality of life indicators for persons with disabilities are the same, i.e., choices, belongings and activities.<br><br>It is our challenge as parents and teachers to ensure that all persons have access to these. | | |
| 15 minutes | | <u>Myths</u><br><br>Activity/Handout/Overhead 3<br>Lecturette and Large Group Discussion<br>Display Overhead 3<br>Distribute Handout 3<br><br>Our sexual identity also contributes to our quality of life. Remember some of the myths that we all learned as young people concerning sex? What were some of them?<br><br>Examples:<br><br>- You can't get pregnant the first time.<br>- You can catch VD from a public restroom.<br>- French kissing causes pregnancy.<br>- You have to be married to have sex.<br><br>There are also a lot of myths that deal with people with disabilities | Listen, Participate in discussion | Handout 3<br> Overhead 3 |

# Suggested Trainer Agenda (Continued)



| TIME | WHO | TRAINER ACTIVITIES/CONTENT | PARTICIPANT | HANDOUTS |
|---|---|---|---|---|
| | | and sex. What are some of the myths you've heard?<br><br>Use overhead and/or handout to discuss myths with large group. | | |
| 15 minutes | | <u>Dangers of Not Providing Sex Education</u><br><br>Activity/Handout/Overhead 4<br>Lecturette and Large Group Discussion<br>Show Overhead 4<br>Distribute Handout 4<br><br>Discuss the problems/issues of not providing sex education for individuals with disabilities using handout and/or overhead. | Listen, Participate in discussion | Handout 4<br> Overhead 4 |
| 10 minutes | | <u>Legal Mandates for Sex Education</u><br><br>Activity/Handout/Overhead 5<br>Lecturette<br>Show Overhead 5<br>Distribute Handout 5<br><br>Sex education is mandated under the regular Education Code. Section 504 of the Rehab Act makes this applicable to individuals with special needs. Goals pertaining to students' social, sexual education are in fact appropriate to incorporate in the IEP. | Listen, Look | Handout 5<br> Overhead 5 |
| 15 minutes | | <u>Goals of Sex Education</u><br><br>Activity/Handout/Overhead 6<br>Lecturette and Large Group Discussion<br>Show Overhead 6<br>Distribute Handout 6<br><br>Discuss goals on Handout/Overhead 6. | Listen, Participate in discussion | Handout 6<br> Overhead 6 |

# Suggested Trainer Agenda (Continued)



| TIME | WHO | TRAINER ACTIVITIES/CONTENT | PARTICIPANT | HANDOUTS |
|---|---|---|---|---|
| | | **Goals Of Sex Education**<br><br>(X) *Because of the explicit nature of this material, school board approval is necessary*<br><br>(X) *Provide Accurate Information*<br><br>- In order for people with disabilities to develop responsible social behavior, it is imperative that the information they receive be accurate and appropriate.<br><br>(X) *Teach Personal Identification*<br><br>- Allowing each person to develop his/her own sexual expression/awareness of the human body and its functions.<br><br>- Not allowing your own biases to interfere. For example, you may feel that masturbation is not acceptable, and you can't let that bias influence the personal expression of another.<br><br>*Provide Assault Prevention Training*<br><br>- Statistics show that individuals with disabilities are particularly vulnerable to assault. The low estimate is 80% of all individuals with developmental disabilities will be assaulted. The high estimate is 99%.<br><br>*Prevent Unacceptable/Illegal Sexual Behavior*<br><br>- Ineffective social/sexual education often leads to individuals with disabilities finding themselves in situations where they say or do inappropriate things and find themselves involved with the law. Unacceptable comments or inappropriate social advances toward people in public can cause individuals with disabilities to be stigmatized. | | |

# Suggested Trainer Agenda (Continued)



| TIME | WHO | TRAINER ACTIVITIES/CONTENT | PARTICIPANT | HANDOUTS |
|---|---|---|---|---|
| | | (X) *Finding Personal Sexual Expression*<br><br>-Sexual expression may take a variety of forms<br><br>-It's personal choice that may require some very specific materials and teaching techniques, i.e., masturbation.<br><br>*Building Social Skills*<br><br>-Sex education cannot be considered in isolation but must be in combination with social education. Social skill building ensures the quality of life issues and positive choice making.<br><br>(X) *Discuss Birth Control*<br><br>-This particular issue may or may not be discussed in the education system, depending upon board approval and parent permission.<br><br>- When intimate relationships develop, the demands and responsibilities of the relationship may require counseling services. This counseling may focus on contraception, problems with the relationship or sexual expression. You may not be able to discuss this, but you can provide resources for parents, care providers and professionals. | | |

# Suggested Trainer Agenda (Continued)



| TIME | WHO | TRAINER ACTIVITIES/CONTENT | PARTICIPANT | HANDOUTS |
|---|---|---|---|---|
| | | (X) *Teaching Responsibilities*<br><br>- Includes a broad range of issues. Some don't need to be board approved. Some of these responsibilities may include relationships and choices that will meet the very personal needs of the individual.<br><br>(X) *Setting Realistic Goals for Life*<br><br>- The goal areas will be different for each individual. If we are talking about life goals, these include: making choices, birth control, celibacy, responsibilities, assault prevention, etc.<br><br>*Enhancing Communication Without Guilt/Embarrassment*<br><br>- This is a personal safety issue. You will notice that it does not need board approval. Anything having to do with the safety of an individual is critical. Teachers can teach assault prevention and communication.<br><br>(X) *Access Services*<br><br>- Assisting individuals to actually access community services. This includes getting Planned Parenthood, for example, to come into the classroom to teach birth control.<br><br>(X) *Health Maintenance*<br><br>- A myriad of issues including venereal disease, AIDS, going to the dentist, wearing deodorant, etc. | | |

# Suggested Trainer Agenda (Continued)



| TIME | WHO | TRAINER ACTIVITIES/CONTENT | PARTICIPANT | HANDOUTS |
|---|---|---|---|---|
| 10 minutes | | <u>Resource Materials</u><br><br>Activity/Handout 7A and 7B<br>Information Sharing<br>Distribute Handout 7A and 7B<br><br>Review Handout 7A. Handout 7B is the description of a film that is highly recommended by experienced trainers. | Look<br>Listen | Handout 7A and 7B |
| 10 minutes | | <u>Conclusion</u><br><br>Restate Objectives.<br>Thank participants.<br>Complete Evaluation/Handout 8.<br><br><u>Final Note:</u><br><br>Sexuality has fallen victim to stigmatization by parents and by professionals who feel that there is a special formula for discussing sexuality with people with disabilities. In fact, almost anyone can discuss aspects of sexuality and disability with minimal training and comfort. Of course, the intensity of involvement will depend upon the provider's level of interest, comfort, and knowledge. | Complete Evaluation | Handout 8 |

# Issues

## Quality Of Life

## Normalization

## Sexuality

# Quality Of Life

**Activities**

**Choices**

**Personal Belongings**

**Health**

**Privacy**

**Support Systems**

- **Family**
- **Friendships**
- **Religion**
- **Professional Networks** (Adult Services) (Work Relationships)

**Personal Growth**

**Happiness**

# Myths

**More Information - Sexual Experimentation**

**Retardation Assures Delayed Onset Of Puberty**

**Lifelong Childhood**

**Parents Can Provide For All Needs Of Their Children Into Adulthood**

**People You Know Can Be Trusted**

**People Are Not Going To Abuse A Child With Developmental Disabilities**

**Persons With Developmental Disabilities Do Not Need To Express Their Sexuality**

**Persons With Developmental Disabilities Are Asexual**

**Persons With Developmental Disabilities Are Safe Because They Are With Their "Own Kind"**

**Persons With Developmental Disabilities Will Never Be Alone**

# Dangers Of Not Providing Sex Education

**Self-Doubt**

**Guilt**

**Fear / Embarrassment**

**Sexual Exploitation**

**Unacceptable / Illegal Social Sexual Behavior**

**Social Ridicule**

**Unplanned Pregnancy**

**Venereal Disease**

**Waiting For Incidents To Occur**

# Legal Mandates

## Education Code

## Section 504 Of Rehabilitation Act Of 1973

# Goals Of Sex Education

**(X) BECAUSE OF THE EXPLICIT NATURE OF THIS MATERIAL SCHOOL BOARD APPROVAL IS NECESSARY**

**Provide Accurate Information (X)**

**Teach Personal Identification (X)**

**Provide Assault Prevention Training**

**Prevent Unacceptable / Illegal Sexual Behavior**

**Find Personal Sexual Expression (X)**

**Build Social Skills**

**Discuss Birth Control (X)**

**Teach Responsibilities (X)**

**Set Realistic Goals For Life (X)**

**Enhance Communication Without Guilt / Embarrassment**

**Access Services (X)**

**Health Maintenance (X)**

# Resource Materials

**(Call your local Planned Parenthood or Area Board for information about availability of these resource materials.)**

## 16 Millimeter Films

The ABC's of Sex Education for Trainable Persons — Color 20 minutes

Shows teaching techniques and actual training sessions. Demonstrates how to teach about bodily functions, reproduction, appropriate social behavior and responsibility.
*Suggested Use:* Special education teachers, parents and others who work with trainable developmentally disabled persons.

All Women Have Periods — Color 11 minutes

This film shows how a mother, father, and older sister prepare a developmentally disabled girl for menstruation.
*Suggested Use*: For developmentally disabled girls who are approaching puberty. For parents, sisters, brothers, teachers, and others in the helping professions.

The How and What of Sex Education for Educable Persons — Color 20 minutes

Shows actual scenes of various situations involving sexual behavior and how these situations could be handled. It also teaches methods of sex education by illustrating how to teach the language of sex, how to answer embarrassing questions, and how to feel at ease with students.
*Suggested Use:* For special education teachers, parents, and others who work with educable retarded persons.

Man Alive, I'm Not What You See — Color 30 minutes

A woman who has cerebral palsy is interviewed about her feelings and experiences throughout her life concerning her disability. She talks about how she views herself and how others view her.
*Suggested Use:* For all who have contact with disabled persons.

Mimi — Black and White 12 minutes

Mimi is a woman with a physical disability. She discusses growing up, her ambitions, and her feelings about being a disabled woman. Scenes of her life.
*Suggested Use:* Excellent introduction to disability.

### Learning to Talk About Sex When You'd Rather Not — Color 30 minutes

"Learning to Talk About Sex" is about people with mental retardation, their parents and care providers. It shows unstaged scenes of men and women who are retarded learning safety, appropriate private and public behavior, and human anatomy. The film shows parents and care providers sharing their common experiences and needs, and the needs of their children and clients. An excellent training film.
*Suggested Use:* For use in staff training and with parent groups.

### On Being Sexual — Color 22 minutes

A documentary film with parents and professionals talking about sexuality of developmentally disabled persons. The film emphasized that people with developmental disabilities are sexual beings. Sol Gordon, Ph.D., Professor of the Family Studies, Syracuse University, talks with retarded young adults about sex. Winifred Kempton, nationally known consultant on sex education for developmentally disabled persons, also comments.
*Suggested Use:* Good introductory film for parents and staff, and for general audiences interested in the subject.

## Slide Sets

### Sexuality and the Mentally Handicapped (Stanfield Slides) — 35 MM Color

Nine sets of 35 MM slides, and a companion booklet of suggested commentary for teaching mentally handicapped persons. May be used with groups.

| | | |
|---|---|---|
| 1. | Parts of the Body | 36 Slides |
| 2. | Male Puberty | 22 Slides |
| 3. | Female Puberty | 45 Slides |
| 4. | Social Behavior | 41 Slides |
| 5. | Human Reproduction | 43 Slides |
| 6. | Birth Control | 49 Slides |
| 7. | Sexual Health and VD | 38 Slides |
| 8. | Marriage | 32 Slides |
| 9. | Parenting | 41 Slides |

*Suggested Use:* Teaching aid for sex education for mentally handicapped teens and adults.

## Filmstrips

### Hello Everybody — Color, Sound Filmstrip

Six color sound filmstrips about handicapped kids . . . for kids. Covers topics of Public Law 94-142 on mainstreaming. The six filmstrips are:
1. Speech and Hearing Impairment
2. Visual Impairment
3. Orthopedic Handicaps
4. Developmental Disabilities
5. Learning Disabilities
6. Behavior Disorders

*Suggested Use:* For groups of teenagers or children.

# Special Materials

## Human Sexuality: A Portfolio for Mentally Handicapped

Large illustrations on 11" x 17" plate cards specifically designed for teaching developmentally disabled persons about human sexuality. Drawings include: male and female children and adults, male and female masturbation, female and male genitals, intercourse, different body shapes and social activities.

## Life Size Instructional Charts

A kit which includes: 1 Male figure, 5'6" tall; 1 Female figure, 5'5" tall; 4 middle inserts for the Male: Erection, Ejaculation, Urinary Tract, Genital Area (cross section). 6 middle inserts for the Female: Menstruation, Pelvic Bones, Fertilization, Early Fetal Development, Fetal Development (5 months), Ovulation. Inserts can be hooked onto the middle sections of the two figures.

## Models of Human Genital Anatomy (Flexible latex, Life Size and Lifelike)

a) Female Pelvic Model
b) Male Model - reproductive organs and vasectomy
c) Male Model - flaccid penis
d) Male Model - erect penis

## Rag Dolls, Male and Female (with baby)

The dolls have genitals, and the female doll can be used to demonstrate pregnancy and the birth of a baby and menstruation.

## Methods of Contraception

A flipchart which contains 34 pages of clear, accurate diagrams depicting male and female physiology, the menstrual cycle, how conception occurs, and the ways it can be prevented. Clear acetate pages cover 10 charts so grease pencils can be used.

## Birth Control Methods Kit

A plastic box containing: Diaphragm and Contraceptive Jelly, Contraceptive Foam with Applicator, IUD, Birth Control Pills, Condoms and Encare Ovals. Also contains brochures and pamphlets explaining usage of these methods.

# Description of Film

## "Learning to Talk About Sex When You'd Rather Not"

### Purpose of Film

A. To encourage and enhance communication about sexuality between people who are developmentally disabled and those who are involved in their lives.

B. To demonstrate that people with developmental disabilities can learn about sexuality, acceptable social behavior and responsibility when given clear, direct instruction and practical learning opportunities.

C. To show that persons with developmental disabilities have the same sexual needs and feelings as all persons and that they need sexuality education in order to help them make responsible decisions about their sexuality.

D. To communicate to parents that they should provide sexuality education daily, whether spoken or unspoken; therefore, parents should communicate their beliefs about sexuality clearly and directly.

E. To demonstrate that people with developmental disabilities can be taught to avoid sexually exploitative situations.

F. To model teaching techniques for use in teaching people with developmental disabilities.

G. To demonstrate effective group leadership skills.

**Synopsis of Film:** The film demonstrates teaching and group facilitation skills to use in discussing the subject of sexuality and developmental disabilities. Four groups discuss this topic: students who are developmentally disabled; parents of developmentally disabled sons and daughters; operators of residential care homes; and staff members of agencies serving persons with developmental disabilities. The film stimulates thought and discussion; it does not attempt to provide easy answers to complex issues. The following issues are covered in the group discussions:

### A. Students

1. How to avoid potentially exploitative situations.
    a. What information is appropriate to give to strangers.
    b. How to avoid conversations with strangers.
    c. How to refuse to ride with a stranger (shown in a field test situation using a hidden camera).
2. The names and functions of sexual body parts.
3. Appropriate public and private sexual behavior.
4. Desires to be a parent and the realities of parenting.

## B. Parents

1. Appropriate touching and hugging behavior.
2. Early sexuality education to avoid sexual exploitation.
3. Establishment of clear ground rules about acceptable behavior.
4. Teaching values, morality and responsibility.
5. The ability of mentally retarded people to develop close loving relationships if given the opportunity.
6. Teaching those who are mentally retarded about the potential consequences of their actions so that they can make responsible choices.
7. The importance of emphasizing each person's right to choose to say "yes" or "no" to a sexual relationship.

# Socialization and Sexuality

## Summary

- Sexuality involves a great deal more than the physical aspects of sexual expression.
- Sexuality is an expression of one's personality and is evident in everyday interactions.
- Human sexuality is a topic which is not easily discussed by society in general.
- Social skills training and sexuality education are needed by all students, including those with disabilities.
- Sex education is an adaptive living skill, which covers a broad range of topics including relationships, responsibilities, self-protection, hygiene and legalities, to mention a few. These areas combine to move a person toward social maturity.
- The responsibility of providing appropriate instruction requires careful consideration. By working together, parents and educators can develop and maintain a positive learning environment in the home, in the school, and in the community.

These factors contribute to a quality life:

### Quality of Life

Activities

Choices

Personal Belongings

Health

Privacy

Support Systems
- Family
- Friendships
- Religion
- Professional Networks (Adult Services)
  (Work Relationships)

Personal Growth

Happiness

Not providing appropriate social/sexual education can lead to:

| | |
|---|---|
| Guilt | Unacceptable Social Behavior |
| Self Doubt | Social Ridicule |
| Sexual Exploitation | Unplanned Pregnancy |
| Venereal Disease | Waiting For Incidents To Occur |
| Fear/Embarrassment | |

## Goals of Sex Education Programs

- Provide Accurate Information
- Teach Personal Identification
- Provide Assault Prevention Training
- Prevent Unacceptable / Illegal Sexual Behavior
- Find Personal Sexual Expression
- Build Social Skills
- Discuss Birth Control
- Teach Responsibilities
- Set Realistic Goals For Life
- Enhance Communication Without Guilt / Embarrassment
- Access Services
- Health Maintenance

# Bibliography

**Books/Magazines/Resources**

Chipouras, Sophia et al., *Who cares*, Washington, D. C., George Washington University Press.

Moore, Mary H., *Developing responsible sexuality*, New York: Walker Educational Book Corporation, 1979.

Moore, Mary H., *Developing social acceptability*, New York: Walker Educational Book Corporation, 1979.

Shaman, Ellen J. and Parr, Yvette A., *Techniques for planning and implementing a self protection program*, Seattle Rape Relief, 1825 So. Jackson Suite 102, Seattle, WA 98144.

# Evaluation

Your responses to the questions/statements below will assist us in improving this module. Please respond to all items. Your participation in this evaluation is completely *anonymous*. DO NOT place your name anywhere on this evaluation.

Based on a scale of 1 through 10, how much of the information presented was new to you?

_____ 1 is not much new; 10 all new.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. After this session, I am aware of issues regarding social and sexual development. | 1 | 2 | 3 | 4 | 5 |
| 2. This session helped me examine issues related to quality of life. | 1 | 2 | 3 | 4 | 5 |
| 3. Because of this session, I can identify problems associated with not providing sex education to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 4. As a result of this session, I have explored common myths concerning sexuality and individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. This session made me aware of the goals of providing sex education for individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 6. The material presented was sensitive to all cultural groups. | 1 | 2 | 3 | 4 | 5 |
| 7. The material covered information which was appropriate to most handicapping conditions. | 1 | 2 | 3 | 4 | 5 |
| 8. The material presented matched my needs. | 1 | 2 | 3 | 4 | 5 |
| 9. I will use some of the information/resources that were introduced. | 1 | 2 | 3 | 4 | 5 |
| 10. The instructors did a good job. | 1 | 2 | 3 | 4 | 5 |

11. Specific suggestions to improve this module:

_____

_____

_____